



University of Connecticut Health Center  
*John Dempsey Hospital*

February 9, 2005

Commissioner Christine A. Vogel  
Office of Health Care Access  
410 Capitol Avenue, MS#13 HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

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OFFICE OF HEALTH CARE ACCESS

Dear Commissioner Vogel:

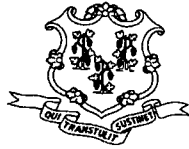
Attached, please find a Letter of Intent for a CON application to acquire a Picture Archiving Communication System (PACS).

Please let me know if you have any questions.

Sincerely,

Paula McManus  
Associate Vice President  
Planning, Network Development & Managed Care

Attachment



**State of Connecticut  
Office of Health Care Access  
Letter of Intent/Waiver Form  
Form 2030**

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	John Dempsey Hospital	
Doing Business As		
Name of Parent Corporation	University of Connecticut Health Center University of Connecticut State of Connecticut	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	263 Farmington Avenue Farmington, CT 06030-3802	
Applicant type (e.g., profit/non-profit)	State Agency	
Contact person, including title or position	Paula McManus Associate Vice President	
Contact person's street mailing address	263 Farmington Avenue Farmington, CT 06030-3802	
Contact person's phone #, fax # and e-mail address	Phone: 860-679-3180 Fax: 860-679-1130 Email: mcmanus@nso.uchc.edu	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. Proposal/Project Title:

Acquisition of Picture Archiving Communication System (PACS)

b. Type of Proposal, please check all that apply:

- ☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- ☒ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)
- ☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination
- ☐ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

- ☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

- ☐ Project expenditure/cost greater than \$ 1,000,000
- ☒ Equipment Acquisition greater than \$ 400,000
- ☐ New ☐ Replacement ☐ Major Medical
- ☒ Imaging ☐ Linear Accelerator

- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):  
263 Farmington Avenue, Farmington, CT

d. List all the municipalities this project is intended to serve: The towns in John Dempsey's primary and secondary service areas are as follows: Avon, Burlington, Bloomfield, Canton, East Hartford, Farmington, Granby, Hartford, New Britain, Newington, Simsbury, West Hartford, Barkhamsted, Berlin, Bristol, Cromwell, East Granby, East Windsor, Glastonbury, Hartland, Harwinton, Litchfield, Manchester, New Hartford, Plainville, Plymouth, Rocky Hill, South Windsor, Southington, Torrington, Vernon, Wethersfield, Winchester, Windsor.

e. Estimated starting date for the project: July 2006

f. Type of project: #22 Other Imaging Services (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

a. Estimated Total Capital Expenditure: \$ 1.9m

b. Please provide the following breakdown as appropriate:

c.

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	\$1,900,000
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$1,900,000</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$1,900,000</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
Picture Archiving System	TBD		1	\$1,900,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

d. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity
 ☒ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?

6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
  - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
  - ☐ The cost of the equipment is not to exceed \$2,000,000.
  - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

**AFFIDAVIT**

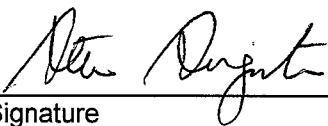
Applicant: John Dempsey Hospital

Project Title: Acquisition of Picture Archiving Communication System

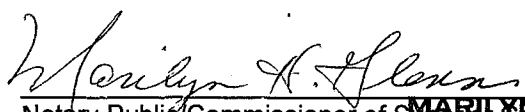
I, Steven Strongwater, M.D. Hospital Director  
(Name) (Position – CEO or CFO)

of John Dempsey Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that John Dempsey Hospital complies with the appropriate and (Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

 2/9/05  
Signature Date

Subscribed and sworn to before me on 2/9/05

  
Notary Public/Commissioner of Superior Court **MARILYN H. GLENN**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES OCT. 31, 2008

My commission expires: 10/31/08

### Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

#### Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

#### Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

#### Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

## **Project Description**

### **Acquisition of Picture Archiving Communication System (PACS)**

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner**

John Dempsey Hospital proposes to acquire and install a Picture Archiving and Communication Systems (PACS) for approximately \$1,900,000. PACS is a medical image management system designed to store, retrieve, distribute, and display medical images in a digital format. The increasing digitalization of medical imaging created by technologies such as MRI, CT Scan, ultrasound, and digital x-ray has led to the development of PACs. As these technologies produce more and more digital images, it has become critical to implement a medical image management system for storing and sharing these images online in a digital format. At John Dempsey, the PACS will be used for the digital imaging equipment currently in use, and for digital equipment that will be employed in the future. The Hospital's film-based system will continue to be used for its non-digital imaging equipment.

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

Not Applicable

- 3. Who is the current population served and who is the target population to be served?**

The patient population will not change as a result of this proposal.

- 4. Identify any unmet need and how this project will fulfill that need.**

The proposal will provide current and future patients with a more efficient and more accurate imaging system.

- 5. Are there any similar existing service providers in the proposed geographic area?**

Several hospitals in the service area have installed a PACs system.

- 6. What is the effect of this project on the health care delivery system in the State of Connecticut?**

PACs will have numerous positive effects on the health care delivery system in Connecticut. PACs will improve imaging services to patients and physicians. It will decrease the time to diagnosis and treatment compared to film-based imaging as physicians will have quicker access to the images. It will help improve quality because the images can be viewed simultaneously by multiple physicians,

which will allow for quicker and more complete interpretations. It will also decrease the number of misplaced and lost images.

**7. Who will be responsible for providing the service?**

John Dempsey Hospital will provide this service.

**8. Who are the payers of this service**

There will be no change in the payers of this service.